A Phenomenological Analysis of Music in Childbirth

Suzanne B. Hanser
A Phenomenological Analysis of Music in Childbirth
Suzanne B. Hanser

This article is about a day in my life. On this day, I learned about the impact of music as therapy without the benefit of a textbook or a tutor. On this day, a revelation of the power of music was the stimulus for a research career, on a mission to understand the influence of music on distress and pain. Now I am an artist. I am a scientist. I am a therapist, philosopher, educator, practitioner, dreamer. I am a soul searcher and finally, a researcher. But mainly, I am and have been a music therapist. Through decades of this work, I have witnessed the best in people while they engage their creative selves. I have also been privy to their deepest secrets, when music connects them with feelings they didn't know they had. Within music therapy process, I have shared personal revelation, profound comfort, and immense angst.

It is a privilege to be a music therapist, and I take my role seriously. So seriously that I am not content to simply observe the phenomena and phenomenal events I encounter in my sessions. For me, every success generates hard critical thinking. I ponder and question:

"Why did she react so strongly when she heard that music?"

"How did he improvise with such fervor and beauty?"

"What precipitated those tears when she started to sing?"

"Would others benefit from these music therapy techniques?"

"Who are they?"

This modus operandi is the researcher in me, the one who demands answers to questions, but only seems to create more questions. This is the journey of the researcher.

To begin, I will share my story. It takes place on the day that my daughter was born and died.

I was in labor. I arrived at the hospital, having packed a bag full of cassette recordings just in case I wanted to hear a little music. But suddenly, the friendly nurse who greeted me frowned and twitched. She called in the obstetrician on-call to listen to the fetal heartbeat. There was no fetal heartbeat. He couldn't find it and she couldn't?
find it, and neither could anyone else who dared try their chance at it. The physician stated that there was nothing they could do but proceed with labor.

In disbelief, shock or both, I didn't know what to do or how to feel. I grabbed a cassette tape and played it as loudly as I could stand it. Little did I know then that music would be the only element that could provide comfort, familiarity and stability to allow me to cope with this ordeal. Fourteen hours later, I would give birth to a stillborn daughter. The music, playing continuously during labor and delivery, distracted me, riveted my attention to something powerful, directed me to breathe in rhythm, and transported me into a world of beautiful images to replace reality.

Using a phenomenological research paradigm (Forinash, 1995), I began to analyze my experience of listening to the music. Forinash suggests that the participant/researcher examines the syntax of the music, the sound as such, the semantic meaning and ontology of the experience, and then forms a metacritical evaluation of the process as a whole.

I began by looking at the music I selected. At first, I listened to Mozart sonatas that I had played as a child and the Debussy string quartet that I loved. I concentrated on every single note and played these selections over and over. As labor progressed, the rhythm of the music guided my breathing and paced the next several hours. The stability of an ongoing beat in Vivaldi's chamber music and Bach's keyboard works kept me breathing in their strict tempi, getting me through contraction after contraction, measure by measure. During a long and difficult transition stage of labor, Prokofiev's chaotic and dissonant piano concerto matched my torment and somehow, curiously, I felt empathy with the music.

The phenomenological research approach allowed me to interpret the meaning of the experience and the effects of the music. Introspection helped me identify my internal states. I used journal narratives to define and detail the experience of loss, the emotional and physical pain, and the process of paying attention to the music to help me cope. Then I translated the lengthy narrative into descriptions of competing behaviors – how I blocked my anguish and physical pain with the thoughts and feelings associated with the music. I analyzed that moment when the music was able to engulf me and carry me away from my trauma. I described this deeply felt, spiritual moment and analyzed how the rhythm and meter of certain music kept my breathing regular and slower than my natural inclination. I examined how familiarity and previous associations with other music generated calming imagery. I reviewed how relaxation responses which were previously conditioned to the music enabled me to rest, even while enveloped in chaos.

I wanted to know whether music could similarly influence other women in labor and
My personal case study provided the critical elements to articulate criteria for selecting the most appropriate music to accompany each stage of labor in other women. If music could be so powerful in helping me cope with the hundreds of contractions, perhaps it could help other women through their labors, and ultimately help others in distress or pain. I developed a clinical music therapy protocol which could be replicated by other researchers and clinicians.

To test the protocol, I designed a behavioral research project. I defined some of those things that I believed would change as a function of music. I selected certain behaviors that I thought were indicative of perceived pain and tension. These became the dependent variables of this research. I hypothesized that listening to music which was conditioned to evoke a strong relaxation response would result in fewer pain responses than not listening to any music at all.

I knew I needed to pilot case studies which applied the model to other women in labor. I personally coached and interviewed several women to refine the model and develop the protocol. I engaged two graduate students to do independent observations and assist in the research process. To my delight, the women we worked with, as well as their coaches and medical teams, embraced the model enthusiastically and cheered us on to continue. Their fortunately uncomplicated birth experiences demonstrated the replicability of the model and added a celebratory component to the birth of the baby. Meanwhile, I was observing a supremely positive outcome to birthing to conclude my own traumatic experience.

During this time, a friend with cancer was enduring the hideous side effects of chemotherapy. I gathered up a collection of cassettes to accompany her next treatment. She revealed that the music had, indeed, provided some distraction and positive mood changes during the next two sessions. But, then at home, she began to experience nausea whenever she played these musical selections. Horrified, I recognized that this process was unwittingly conditioning a distressing response to this music. I needed to study the behavioral conditioning literature, and consult with fellow clinicians and researchers. My review of the development of classical and respondent conditioning paradigms enlightened me on these unexpected outcomes. Subsequently, I took care to pair music with relaxing effects in order to condition positive effects prior to experiencing any pain or trauma.

Back on course, I embarked on a research design to test the effects of music listening on women in labor. Using each patient as her own control, my collaborators and I observed pain responses during ten contractions while music was playing and compared them with their responses during five contractions without music. The observation continued throughout labor with extremely positive results. Every woman we observed had fewer pain responses during the music listening condition (Hanser, Larson & O’Connell, 1983).
Music carried me through personal trauma, brought meaning to my experience, and gave others a chance to benefit from music therapy. The research process itself served as a therapeutic outlet for my own recovery while identifying the factors that were influential in helping others cope with the pain and anxiety of childbirth. My loss was a gain for the many women who were inspired to use music to facilitate an easier labor and to celebrate the birth of their children. The phenomenological and behavioral approaches served to guide music therapy practitioners in the methods and outcomes of this remarkable service known as music therapy.

Insight begets insight as the journey of an artist, scientist, therapist, philosopher, educator, practitioner, dreamer, soul searcher and researcher continues.

Music carried me through personal trauma, brought meaning to my experience, and gave others a chance to benefit from music therapy. The research process itself served as a therapeutic outlet for my own recovery while identifying the factors that were influential in helping others cope with the pain and anxiety of childbirth.
References
